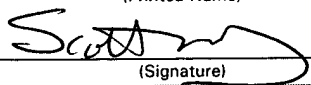




Atty. Dkt. No. 023720-0338

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richter et al.
Title: MERCHANDISING SYSTEM
Application No.: To Be Determined
Filing Date: To Be Determined
Examiner: To Be Determined
Art Unit: To Be Determined

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979071371 US	September 10, 2003
(Express Mail Label Number)	(Date of Deposit)
SCOTT M. DAY	
(Printed Name)	
	
(Signature)	



Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

UTILITY PATENT APPLICATION
TRANSMITTAL

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Gary M. Richter
2931 Sandra Lane
Waukesha, Wisconsin 53188

M. Scott Bryson
26200 Glenmaura Pl.
Brookfield, Wisconsin 53005

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Hales Corners, Wisconsin 53130

[] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (20 pages).
- ☒ Informal drawings (7 sheets, Figures 1-8).
- ☐ Declaration and Power of Attorney (4 pages).
- ☐ Assignment of the invention to DCI Marketing, Inc.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Check in the amount of \$40.00 for Assignment recordation.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ___ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☐ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total Claims:	34	- 20	= 14	x \$18.00	= \$252.00
Independents:	5	- 3	= 2	x \$84.00	= \$168.00
If any Multiple Dependent Claim(s) present:			+	\$280.00	= \$0.00
				SUBTOTAL:	= \$1170.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$1170.00

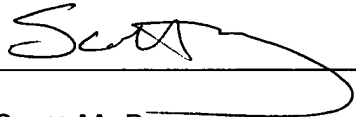
- ☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 9/10/03

By 

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